

HEALTH SERVICES FOR
EDENBRIDGE:
EVALUATION OF PUBLIC
CONSULTATION

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EXECUTIVE SUMMARY

This report is an evaluation of a public consultation on developing health services in Edenbridge and the surrounding villages. The consultation was carried out between February and April 2017 by the three organisations responsible for planning, commissioning and providing local services. A consultation document was widely distributed along with a survey inviting views on the plans and a variety of other means were used to engage people such as meetings, briefings, flyers and social media. The public response to the consultation was largely in the form of replies to the survey and the questions and concerns raised by people attending the public meetings. These have been analysed alongside a smaller number of responses generated from correspondence with members of the public, meetings with specific groups and presentations to local organisations.

The consultation attracted 432 people to public meetings and 1159 who completed the survey. Due to high numbers attending public meetings it was not possible to have the round table discussions as planned, and this may have prevented the consultation from obtaining a more considered response to the consultation questions. However, the survey questions were the same as those that would have been used in group discussions, and the higher than expected response to the survey from a broader demographic means that more **individual views** have been included in the evaluation. It is also likely that people attending the public meetings were able to raise a wider range of concerns in the unstructured Q&A sessions than might have emerged from round table discussions.

The overall view of local people was very positive about the plans. It was widely felt that GP and hospital services for Edenbridge and surrounding villages were already over-stretched and unable to meet needs. In the survey, almost all (94%) agreed that a combined hospital and surgery was the solution, and only 2.6% disagreed. Many (79%) supported the preferred option that the new facility should be on a new site and without inpatient beds. What people said and wrote showed a general acceptance that current services were neither cost-effective nor efficient and needed updating, and many welcomed the opportunity to have a wider range of services in the town on a single site. They felt that the plans had the support of medical staff, that co-location and more space might lead to better co-ordination of services, better recruitment prospects and greater ability to cope with population growth. Although there was least support for the options with inpatient beds, it was quite often commented that inpatient beds were still required, especially for elderly people and because travel to other hospitals was difficult for some.

There was widespread agreement that difficult choices had to be made (92% in the survey agreed), that there was limited money and it had to be used effectively (94% agreed), and that there was an opportunity to secure the future of both the GP surgery and the hospital that needed to be taken (96% agreed).

People were asked in the survey to pick out three statements they thought were most important to consider regarding planning future care for the area, with the following getting greatest support:

- 'Reducing travel so that people can get treatment and care as close to home as possible' (chosen by 68%)
- 'Having the most up to date and efficient equipment and facilities' (64%)
- 'Designing healthcare to meet the changing needs of the community/population' (60%)

Regarding developing better local services, having 'As wide a range of services as possible in Edenbridge' was most popular (51% in the survey gave this as their **top priority**, and 71% put this in their **top three** priorities). Using new technology, having healthcare staff working as a team, providing holistic care, and bringing services that have traditionally only been provided in larger hospitals came next down the list with between 13-17% putting these as their **top priority**, and between 49-58% ranking them in their **top three**.

When asked to choose the single most important additional service people would like to see, 'Preventative health checks' and 'Maternity services, ante-natal care and post-natal parenting support' came out top for 22% and 17% respectively in the survey (with 39% and 37% putting these in their top three). These choices were followed by 'Increased opening hours for the Minor Injury Unit', 'End of life and respite care' and 'Oncology (for people with cancer)'. Lowest on the priority list were 'Ophthalmology (medical and surgical eye problems)', 'Dietetics (run by dietician, a clinic for people for whom there are dietary or nutritional concerns)', 'Audiology/hearing aid services' and 'Access to social services'.

Responses and the general mood of meetings were largely very supportive of change and modernisation. However, there were some people expressing concerns about losing inpatient beds in Edenbridge and others wanting to retain the site or the heritage of the War Memorial Hospital. The support for the Memorial Hospital and what it represented was clear, however only a few expressed a strong view that it should be retained and most participants seemed content if it was remembered and commemorated in some way. Strongly expressed views disagreeing with the proposals were only expressed by a very small number of people in the consultation. The broad view was that a newly built combined hospital and GP surgery on a larger site would lead to better access to a wider range of services that would attract staff and was required to meet the needs of a growing population.

1. INTRODUCTION

Health services in Edenbridge are provided by GPs in Edenbridge Medical Practice and by Kent Community Health NHS Foundation Trust in people's homes and in the Edenbridge and District War Memorial Hospital, and they are paid for by NHS West Kent Clinical Commissioning Group. These three organisations routinely work together and discuss how to meet the current and future needs of people in Edenbridge and the surrounding villages. In 2016 it was clear that the cramped GP practice and the aging hospital were already struggling to meet the needs of a growing population and providing modern standards of care in cost-effective settings. A 'listening process' was carried out between May and July 2016 to get the views of local residents, the Edenbridge and District War Memorial Hospital League of Friends and Kent Community Health NHS Foundation Trust staff in a series of meetings and events. The listening exercise took place via meetings such as, the Edenbridge and District War Memorial Hospital League of Friends who opened out their AGM to enable discussions on this issue and through outreach to various groups, in total 307 people attended meetings and 434 responded to the engagement document and survey. There was general support for expanding General Practice (GP) services and other services locally, despite some sadness at the prospect of losing the much loved hospital. There was also a demand for more details and for the public to be involved in the planning process (see a summary of the Engagement Process in Appendix 1).

Following the 2016 consultation exercise, the health service commissioners and providers went on to develop various options and carry out equality impact assessments of these. The options of doing nothing or expanding/re-furbishing the current sites were ruled out for many reasons including high costs, problems relating to staffing and not meeting future needs. The options that emerged focused on the following design factors:

- Whether the hospital and GP surgery were to combine on a single site;
- Which site(s) to use;
- If there was to be a new build;
- If there would still be inpatient beds; and
- If there were to be new services.

There had been strong support from the public for a combined hospital and GP surgery and for a wider range of services to be provided. A new build was therefore inevitable, leaving the issues of site and inpatient beds to resolve, so the 2017 consultation was on the following options.

- Build on a new site without inpatient beds (Option 1a),
- Build on a new site with inpatient beds (Option 1b),
- Build on the existing hospital site without inpatient beds (Option 2a),
- Build on the existing hospital site with inpatient beds (Option 2b).

After weighing up pros and cons of these four possible options, the commissioners' and providers' preferred option was for a new site to be developed with no inpatient beds (Option 1a).

A 24 page document ([available here](#)) describing the situation and rationale for change and identification of the four options was presented to local people in a public consultation running from 1 February to 26 April 2017. This report is an evaluation of the consultation.

2. ABOUT THE CONSULTATION EXERCISE

The consultation was conducted in accordance with the Government's Consultation Principles (detailed in Box 1), and the statutory duty: section 2421B of the NHS Act 2006.

Box 1. Consultation Principles

- Consultations should be clear and concise;
- Consultations should have a purpose;
- Consultations should be informative;
- Consultations are only part of a process of engagement;
- Consultations should last for a proportionate amount of time;
- Consultations should be targeted;
- Consultations should take account of the groups being consulted;
- Consultations should be agreed before publication;
- Consultation should facilitate scrutiny;
- Government responses to consultations should be published in a timely fashion; and
- Consultation exercises should not generally be launched during local or national election periods.

In England, plans for reconfiguration of health services cannot proceed to public consultation without approval from NHS England which runs a process of assurance on such plans. So in December 2016 and January 2017, NHS West Kent Clinical Commissioning Group took the plans for Edenbridge to two Panel meetings with NHS England. An outline business case was considered as well as the draft consultation document (detailing the options that would be consulted on). NHS England also considered in depth the history of pre-consultation engagement and the clinical commission group and partners' plans for formal consultation. The consultation document was amended in the light of constructive advice from NHS England. Following consultation, a review Panel meeting has been arranged.

2.1. CONSULTATION EVENTS AND ENGAGEMENT ACTIVITIES

An extensive consultation was carried out over a 12 week period. Local residents were given the opportunity to take part via surveys available online and in paper copies (which were handed out at the consultation events). Posters informing people about the consultation and encouraging them to take part were displayed in the GP surgery, council office, churches, on the bridge in the centre of town, at the Eden Centre/library, and at local shops and schools).

In total four public meetings were held over the consultation process:

- Rickards Hall, High Street, held on Tuesday 7 February from 6.30 to 8.30 pm (80 people attended)
- Eden Centre, Four Elms Road, held on Monday 13 March from 4 to 5 pm (130 people attended)
- WI Hall, Station Road, held on Saturday 25 March from 11.30 am to 1 pm (90 people attended)
- Edenbridge Leisure Centre, held on Tuesday 25 April from 6.30 to 8.30 pm (132 people attended)

There were also visits to meetings and groups hosted by a range of other people from the town council and parish council as well as the consultation team holding a stall at the local market and visiting a local Traveller site to ensure reach to as many people as possible and encourage their participation.

During the public meetings, the consultation document and survey were handed out to all attending. Meetings started with a 20 minute presentation on what was being put forward for consultation and the background leading up to this point. One meeting was chaired by the local MP. Round table discussions were planned for each of the events, however, due to the large number of attendees, these were not feasible. Instead, the consultation team did extended question and answer sessions with the attendees. Questions were answered by senior members of staff from the local community health trust (Kent Community Health NHS Foundation Trust), NHS West Kent Clinical Commissioning Group and the GP surgery (Edenbridge Medical Practice).

Everyone who had participated in the previous consultation held in 2016 was contacted and invited to take part. Table 1 details further consultation activities and promotional work (to encourage people to take part in the consultation) which were conducted.

Table 1. Consultation activities and promotional work

Promotional / engagement activity	Dates	Details
<i>Promotional activities (promotion of the consultation and how people can respond)</i>		
Edenbridge Mums Facebook	February 2017	The link to the consultation's website and dates of the events were posted on Edenbridge Mums Facebook. The Facebook page, at time of dissemination, had 1682 members.
Flyers	February 2017	418 flyers sent out through children's school bags
Email sent	January - February 2017	Plans for public consultation on future of Edenbridge health services sent to 85 stakeholders, including Kent Community Health NHS Foundation Trust contacts and local councillors
Email sent	January - February 2017	Plans for public consultation on future of Edenbridge health services sent to 199 people, including Edenbridge Hospital staff and other stakeholders, volunteers and patients interested in supporting the hospital
Email sent	February 2017 Repeated in: March 2017 & April 2017	Plans for public consultation on future of Edenbridge health services sent to 2500 members of the Edenbridge Medical Practice patient database, including the Patient Participation Group members. The 2500 members were sent the information on three separate occasions
Email sent	February 2017	Email sent out to 2259 patients detailing the four options and providing the link to the survey
Posters and flyers	February 2017	Volunteers put posters up and left leaflets at the local Children's centre.
Newsletter	February 2017	Details of the consultation and link to the survey included in the Edenbridge Schools Grapevine Newsletter

Table 1.(continued)

Consultation activities and promotional work

Promotional / engagement activity	Dates	Details
Twitter usage	January-April 2017	Tweets were done throughout period of consultation. They were done through: <ul style="list-style-type: none"> Clinical Commissioning Group Twitter Feed for the Launch meeting (Total 462 impressions)¹ Waitrose tweet (Total 506 impressions) 13 March meeting (Total 513 impressions) Tom Tugendhat meeting (MP) (1,436 impressions; Total 13,575 reached) Retweet by Mark Norman (BBC) (Total 50 engagements)
Flyers	February 2017	100 flyers sent out through children's school bags by Edenbridge School
Stall	February 2017	A stall was held outside Waitrose to answer any questions and give out information about the consultation. 100 people were engaged with
Full document	February 2017	Copies of the full 24 page documents were left in the reception area at local schools
Flyers	February 2017	Flyers were sent via email to parents at Four Elms, Crockham Hill and Hever schools.
Email	February 2017	Hever Parish Council clerk emailed her contacts with details of the consultation, as did the churches
Full document	March 2017	Copies of the full 24 page documents left at Eden Valley Museum for distribution to 22 WI members
Newsletter	March 2017	Link to survey and information detailed in Hever School newsletter (sent to 106 parents)
Stall	March 2017	A stall was held at the school's Easter Fair
Email	April 2017	Link to survey sent out with 1000 reminder appointments for patients at the Edenbridge Medical Practice
Stall	April 2017	A stall was held at Edenbridge Market, 100 flyers were distributed and 20 local residents spoke to. Further flyers were left at the bookies and health food store
Newsletter	April 2017	Details of the consultation included in the Stangrove Lodge community newsletter
Newsletter	April 2017	Article in Clinical Commissioning Group's newsletter
Email	April 2017	Reminder email sent by the practice manager to those on the patient list on 20 th April 2017

¹ Engagements: Total number of times a user interacted with a Tweet. Clicks anywhere on the Tweet, including Retweets, replies, follows, likes, links, cards, hashtags, embedded media, username, profile photo, or Tweet expansion. Engagement rate: Number of engagements divided by impressions.

Impressions: Exposure is the total number of times tweets about the search term were delivered to Twitter streams, or the number of overall potential impressions generated. When we say "impression", we mean that a tweet has been delivered to the Twitter stream of a particular account.

Table 1.(continued)

Consultation activities and promotional work

Promotional / engagement activity	Dates	Details
Media coverage		
BBC Radio Kent interview	February 2017	An interview was conducted with BBC Radio Kent with Dr Simon Morrison from Edenbridge Medical Practice, he set out the reasons for the consultation and gave details of how to get involved. He urged people to give their views on the preferred option whether they agreed with it or not
Newspaper articles and radio coverage	February 2017	Media articles and radio coverage about the consultation included: <ul style="list-style-type: none"> • Have your say on plans for a brand new hospital and doctor's surgery in Edenbridge, Kent News, 1 February 2017 • Plans have been announced for a new hospital and doctor's surgery in Edenbridge, Kent Live, 1 Feb • A new hospital 'looks likely' to be built in Sevenoaks, Kent Live, 7 Feb • Public meetings to debate new town hospital and GP surgery, Tandridge Today, 4 Feb • Consultation launched on the future of healthcare in Edenbridge, Lingfield Today, 1 Feb • Edenbridge (front page)/Paddock Wood/Tonbridge/Tunbridge Wells/Weald Courier, front page, 3 Feb • Sevenoaks Chronicle, 9 February.
Press releases	February – April 2017	<ul style="list-style-type: none"> • A press release was sent to announce the start of the consultation and the Governing Body decision to proceed • Following the first public meeting a press release was sent out to promote further public meetings and one was sent out after the Eden centre meeting and to announce that Tom Tugendhat MP would hosting the next meeting (and then a final one sent to announce that MP Tom Tugendhat had hosted the public meeting)
Face-to-face meetings attended /presentations given about the consultation		
Staff briefing	February 2017	100 Kent Community Health NHS Foundation Trust staff at Edenbridge hospital were briefed on the consultation
Meeting	February 2017	Urgent briefing to Edenbridge Town Council was done on Monday 13 th February
Reception staff	February 2017 (and throughout)	The reception staff at Edenbridge Medical Practice gave out paper copies of the survey and told people about the events when asked by the patients
Meeting	March 2017	Gave a short presentation to Hever Parish Council
Meeting	March 2017	Attended a committee meeting of the Edenbridge and District War Memorial Hospital League of Friends. 8 people were in attendance
Meeting	March 2017	Attended Patient Participation Group meeting at Edenbridge Medical Practice. 13 people were in attendance
Meeting	March 2017	Attended town meeting where 60 local residents were present
Traveller community site visit	April 2017	10 people from the Traveller community spoke to staff during a visit to a Traveller site

2.2. ABOUT THE SURVEY

As well as taking part in meetings and contributing their views, local residents could complete a survey (see Appendix 2 for the 'Edenbridge Health Services Questionnaire'), which was widely distributed throughout the town in paper format with a freepost return envelope and given to all those attending public meetings. It was also available to fill in online. The full consultation document allowed members of the public to request alternative formats and Easy Read versions were available for all, if requested.

The 4-page survey consisted of eight questions with space to elaborate on 'tick box' answers. The questions asked local people if they thought a combined hospital/surgery was the right solution, which of the four options presented they thought would be most effective. Two open ended questions were included in the survey which gave respondents the opportunity to add further details as to why they had chosen certain options concerning two key questions:

1. Do you think a combined hospital/surgery is the right solution for people living in and around Edenbridge?
2. Looking at the options presented in this consultation document, which option (1a, 1b, 2a, 2b) do you think will most effectively deliver healthcare for everyone in Edenbridge and the surrounding villages?

Respondents were asked to what extent they agreed with a number of statements about changing healthcare, for example that difficult decisions needed to be made and that this was an opportunity to secure the future of both the GP surgery and the hospital. The questionnaire asked which factors people considered to be most important when planning new facilities, such as reducing travel, meeting changing health needs, and so on. It also asked them what they thought was most important in terms of improving the manner in which care was delivered, and about specific additional services they would like to see. Another question asked about people's support for the basis of the plans for a combined hospital/surgery. Respondents were also given a final open ended question which asked: Do you have any other comments or ideas that you would rather suggest?

2.3. METHODS OF ANALYSING THE CONSULTATION RESPONSES

Attendees at the public meetings were provided with the opportunity to ask questions directly of the project team and provide responses by filling in hard copies of the survey. The question and answer sessions have been summarised separately from responses to the surveys.

Written responses to the consultation were also accepted online, via e-mail or by post and consisted of direct responses to the survey as well as more general comments/submissions.

While local organisations, such as Edenbridge Town Council, Sevenoaks District Council, Hever Parish Council, Patient Participation Group, Edenbridge and District War Memorial Hospital League of Friends, MP, local developers/land-owners, had been contacted, met with and/or given information about the consultation, few provided a written response.

2.3.1. *Analysing the survey responses*

Responses on paper were data entered and combined onto a single database with the online replies. All data was subjected to data quality checks, then analysed using frequency distributions and cross-tabulations of key variables – these were demographics (age, gender, ethnic-group), views on having a combined surgery/hospital and the preferred option.

Some of the questions asked people to state their 'top three' priorities or choose five priorities and rank them. Replies to these kinds of questions are not easy to analyse, partly as people do not necessarily reply or want to reply in the way they have been asked (for example some people choose more priorities than the number they have been offered, and some say they cannot be ranked or are of equal rank) and partly because the mix of rankings any one option receives is hard to interpret. Presenting the results is also a problem as they can be shown in many different ways, such as:

- which options were most often seen as the top priority;
- which were most often seen as second / third / etc priority;
- which were most often ranked highly, e.g. ranked in the top three; and
- which were most often given any ranking at all.

With regard to the questions asking for a ranking of the top five, the replies were examined to decide the best way to summarise these. It was decided that the raw data should be provided showing how often each option received each ranking (see tables in Appendix 3). These show two important pieces of information - which option was most often seen as the top priority and how often it was picked at all. However, we have added a summary statistic to see which options attracted broader but still relatively strong support, i.e. how often an option was ranked in the top three, and these are highlighted in the figures and tables given in the body of the report. For example, we report that 51% had said something was their **top priority**, and that 71% had put it in their **top three** priorities.

2.3.2. Analysing the open-ended questions and correspondences

All the comments given in the survey responses, other communications (for example, letters and emails sent to the consultation team), and the Question and Answer sessions from the meetings were transcribed verbatim. Transcriptions were imported into the computer program NVIVO². All the transcripts/communication were read and then coded line by line to identify the major patterns in the responses as well as the topics the responses covered. All the quotes presented in this report are verbatim.

In general, qualitative research does not seek to quantify data. Qualitative sampling strategies do not aim to identify a statistically representative set of respondents, so expressing results in relative frequencies may be misleading³. Therefore, the frequency with which particular comments are made is indicated by terms such as 'all', 'most', 'many', or 'a few'. However, in this report we do provide the reader with the overall number of respondents who provided qualitative comments to the questions to provide a sense of scale. Outlying comments have not been included in the report (i.e. if only one person said something). Instead the report focuses on what the majority of respondents said.

² Qualitative Solutions and Research Pty Ltd (2011). NVIVO. Victoria, Australia.

³ Pope C, Ziebland S, Mays N. Analysing qualitative data. *BMJ : British Medical Journal*. 2000;320(7227):114-116.

3. RESULTS

Responses to the consultation consisted mainly of replies to the survey and comments and questions at public meetings. In addition, there were letters and emails from local organisations and members of the public, notes from meetings with specific groups, and informal feedback from promotional stands and stalls.

3.1. SURVEY FINDINGS

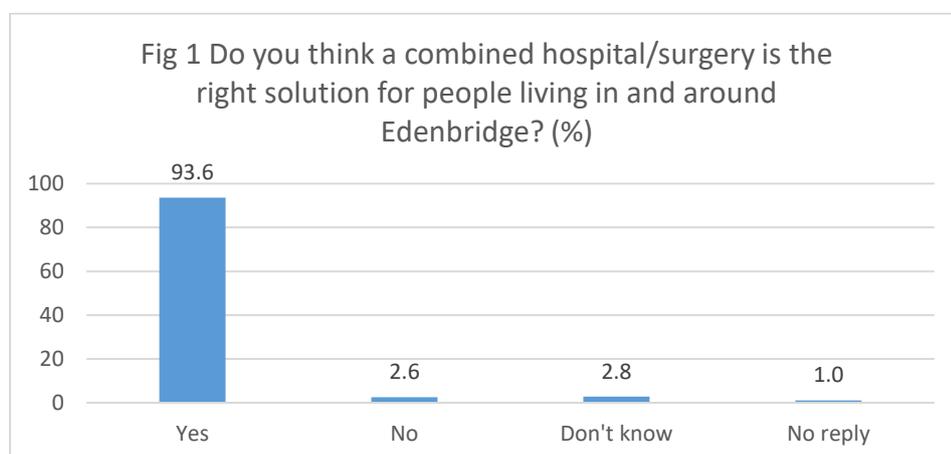
There were 1159 survey responses to the public consultation, with 661 (57%) of these completed online and 498 (43%) completed on paper. The online and paper survey responses were combined and checked, and any obvious duplicates removed. More women (62%) than men (37%) responded, and compared to the population there were fewer responses from people under 35 and more from people aged 65-74 (see Table Q10 in Appendix 3). Variation in response rates by gender and age group is normal in surveys, with lowest participation from people under 25 and highest among those of middling to older age groups, and this is accentuated if the topic is health-related. In this survey the overall pattern was as expected, however slightly more people aged 35-44 than expected and slightly fewer people aged 75 and over responded (see Table Q9 in Appendix 3). Regarding ethnicity, 91% said they were from a white ethnic background, 7% did not say, and 2% were from other ethnic groups such as Chinese, Mixed race, etc (see table Q11 in Appendix 3). These numbers are too small to be certain, but they do suggest that participation is skewed towards the white British population, similar to what is usually found in such surveys. Nevertheless, it broadly reflects the Edenbridge population.

There were some differences in the demographics of people who replied on paper compared to those who completed the survey online. The online version was used more by people aged 35-64 (and less by those aged 65 and over), and by a wider range of ethnic groups.

The number of replies (1159) was high given the size of the local population (12,400) and expectations for this kind of exercise. The response represents participation of around 12% of residents aged 18 and above.

Q1) Do you think a combined hospital/surgery is the right solution for people living in and around Edenbridge?

94% of the respondents answered 'yes' to the first question which asked: Do you think a combined hospital/surgery is the right solution for people living in and around Edenbridge? 2.6% said 'no' it was not, 3.8% did not reply or said 'don't know' (see figure 1).



When asked ‘please tell us why?’⁴, 840 respondents went on to provide further details, and various reasons were frequently given. Many of the respondents felt that the current services were poor. People stated that it was often very difficult to get a GP appointment and hoped that the new premises would help to resolve this issue. Why this would help the situation was often not elaborated on further, however when it was, people felt that new premises might encourage medical professionals to work in the local area and also that there would be better coordination between primary and secondary care.

“It will promote closer working between the groups of professionals. It will potentially save time and therefore money. It will be easier for staff to offer a better service to their patients. This will all assist in attracting staff.”

“Neither the GP nor the hospital can fulfil their potential apart. They need to pool and improve their resources.”

Another reason frequently given was that as the new premises would have a greater number of services available, all in one place (a “one-stop-shop”), this would again result in better coordination between healthcare professionals and reduce the need to travel so far to access certain treatments and professionals.

“Transport links to Pembury, East Grinstead hospitals are poor or not available. Getting to hospital for treatment - stressful and costly.”

“Yes, I have lived in Edenbridge as a child and then came back as an adult with my family, it takes at least 3 weeks to see a doctor although the day appts [appointments] are usually available in an emergency. Last year I was treated for breast cancer at Maidstone, not having the journey would have been helpful.”

“It is always going to make sense to maximise medical services in one building. More efficient and more cost effective.”

Finally, the most commonly discussed reasons for answering ‘yes’ was in relation to the growing population of the area. It was recognised that in recent years, the population of the area had grown significantly, and this was a trend that was likely to continue. Therefore, the current services were seen as being inadequate to meet the growing demands and the new purpose built premises would help to combat this issue and create a more sustainable healthcare facilities.

“The present surgery is at full capacity with no room for expansion. The future of Edenbridge is expanding with new homes to be built, with that comes more families that will require use of all the local services. The hospital has room for expansion to cater for the future”

“The GP surgery cannot cope with more and more people moving to the area things are only going to get worse.”

Although answering ‘yes’, it should be noted that a few of the respondents were still concerned that they were losing local beds and questioned the merits of having just one surgery:

⁴ It should be noted that the majority of the respondents did not give additional comments in answer to the open questions. Despite the seemingly small numbers of respondents who highlighted certain points or raising specific concerns, these should not be dismissed.

“But I also feel 2 surgeries are needed in Edenbridge. One remaining where it is and the other within the hospital complex. Both having access to the hospital, beds/treatments etc and many more staff, doctors, nurses.”

Only 2.6% answered ‘no’ to the question, and of these, 26 gave comments (26/30 respondents who said no). The most frequently given response as to why they said no was in relation to congestion. It was feared that if the surgery and hospital were together, this would cause queues and congestion, especially if there was a lack of adequate parking.

“There is no need for the hospital/surgery to be together. It would just cause queues and congestion.”

“I guess having both in one place would be beneficial as long as there’s plenty of car parking and staff.”

A couple of the respondents also questioned whether having the hospital and the surgery located on one site would actually lead to better cooperation between primary and secondary care:

“Will they work well together?”

And a few of the respondents feared that they would not get the combined premises due to opposition with green belt issues or due to poorly thought-out finances.

“Hospital will close and we will not get the combined premises”

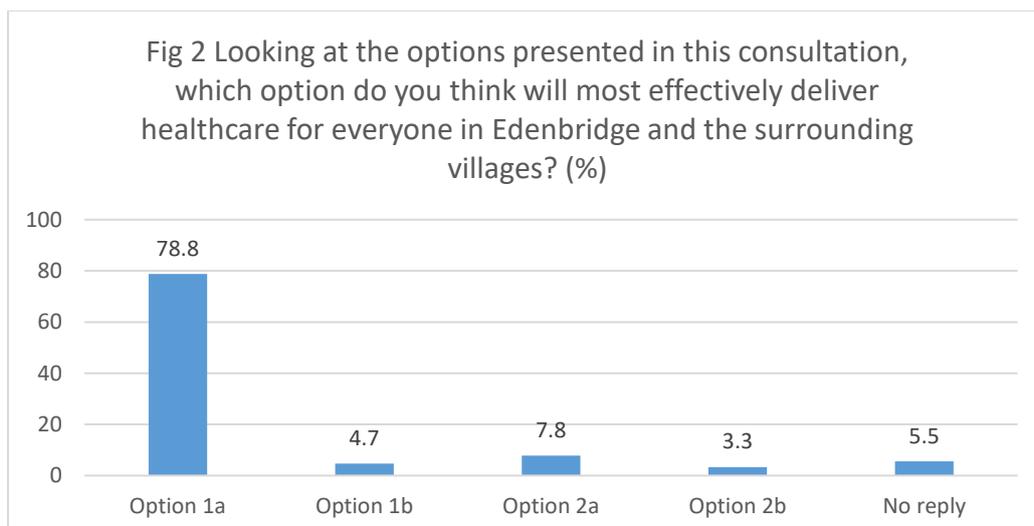
“I am not convinced, given what has been presented in the document, that there is a clear argument to merge these businesses. The finances are thin and very unclear and undecided.”

“As printed out in the leaflet there is every chance of the hospital being shut down”

Q2) Looking at the options presented in this consultation document, which option (1a, 1b, 2a, 2b) do you think will most effectively deliver healthcare for everyone in Edenbridge and the surrounding villages?

All four options offered to the public were for a new building combining hospital and GP services. The options were to build on a new site without inpatient beds (Option 1a), or with inpatient beds (Option 1b), to build on the hospital site without inpatient beds (Option 2a) or with inpatient beds (Option 2b). The majority of respondents (79%) answered 1a.

Although most people (79%) supported Option 1a, there was some support for all the options (see figure 2). Option 2a to build on the hospital site without inpatient beds was preferred by 7.8% of people completing the survey, with smaller numbers wanting to retain inpatient beds either on a new site (Option 1b 4.7%) or on the hospital site (Option 2b 3.3%). 5.5% did not choose any of the four options offered.



Those who did not agree to the previous question that a combined hospital/surgery was the right solution were more likely to choose Option 2b or none of the options offered. Another variation in response to this question was across age groups. Support for Option 1a (new site, no inpatient beds) increased slightly among the oldest age groups (65+), and people aged 25-44 were more likely to support Option 2a (hospital site, no inpatient beds), but these differences were not statistically significant. Option 2a also received more support from those replying to the survey online, which appeared to be linked to the same age group effect, and numbers were too small to detect if differences were linked to ethnicity.

When asked why they felt that 1a was the best option, 608 of the respondents who had selected option 1a gave further explanation. Most of the respondents who gave a reason why felt that it was “the most cost-effective option” as well as “more efficient with travel, especially due to often limited public transport” and “most sensible option”. Many stated it was not cost-effective to have inpatient beds on the current scale.

“Existing services at hospital and surgery will continue to run as is until new build ready. Not cost effective to have inpatient beds on such a small scale due to staffing issues.”

“Accepting the limitation of funding, the cost of inpatient beds would be better used to give a wide range of services even if some are on a basis of a visiting consultant.”

Respondents stated that cost-savings to the healthcare system of losing the local beds would hopefully mean that more services could be offered locally and that it would lead to greater appointments being offered and reduced waiting times.

“Money and time cost effective when up and running. More services available for patients; cutting waiting times for diagnosis.”

As discussed previously, due to reportedly poor public transport links and often long distances needing to be travelled to hospital facilities in other areas, having more services locally was regarded as advantageous.

“With more services and clinics people will not have to travel long distances for these”

“It would provide better services without travel, but must be within walking distance from centre of town.”

“To help with the transition period and all the arguments for this seem very sensible and in the long run and distant future will be more efficient. Being closer to the built up areas means more people can get there under their own steam and not so much transport is required.”

The growing population was also given as another reason for selecting option 1a, and the fact that the new facilities would be able to cope with a higher footfall.

“The town needs it. The town is growing bigger everyday with new houses, at least building a new hospital/surgery is more needed than more houses! And we really need more services in Edenbridge for the growing population, especially the elderly and kids.”

“It will provide facilities for a greater number of people in any 1 day and will enable the service providers to be more creative in their approaches.”

A few talked about trusting their healthcare professionals who supported option 1a.

“Doctors I have spoken to believe this would be the best option and as they know more about requirements than I do, I believe it is best to follow their choice.”

“Because the professionals recommend it.”

However, despite the recognition that Option 1a appeared to be the best option, a few people still expressed concerns. The concerns were mainly regarding the loss of local beds for overnight stays. There were also questions around day bed provision.

“Whilst I agree with this option [1a] I hope it includes day beds.”

“Option 1a is by far the best of the options. My only concern is the lack of local inpatient beds.”

“I have expressed this option reluctantly in view of the small number of Edenbridge residents occupying the inpatient beds. But my mother’s mother-in-law ended her days at the hospital so I was able to visit daily on my way home from work. This wouldn’t have been possible under option 1a.”

For the 4.7% who answered 1b, 47 gave further details. The main reason given was the need for inpatient beds, which most of the respondents felt strongly about and stressed the need for.

“I think we still need the beds, especially for people who have to go to Pembury, and friends and family find it hard to visit. They can be transferred to Edenbridge and it can be like a convalescence home.”

“I would still like to have inpatient beds for end of life care as I think this is important, as I believe with a combined services could offer better care for patients.”

“This option would provide inpatient beds - this is essential for some recovery - where day care is not adequate.”

For the 7.8% who selected answer 2a, 65 gave further details. They had a similar reason for the 1b respondents, in that they felt there was a need for inpatient beds. They also questioned why the existing site could not be used for the new hospital build.

“Land is already owned, easy to get to, if needed more land could be purchased.”

“New build - why on earth can we have no beds?! Council have planned to sell the old site!!”

“The present hospital site would indeed mean buying green space for a car park but it would not mean buying a green site for the hospital surgery as well as for car parking. Long ago the memorial hospital was built by public subscription - does the council have the right to demolish it?”

“It would be great to build on this existing site, utilising the land and keeping in our memory our existing hospital. If we build off of this site, we will have expenditure for a new build as well as maintenance and running costs for the old hospital.”

For the 3.3% who selected answer 2b, as with those selecting 2a, they stressed the need for inpatient beds whilst questioning why the existing site could not be used.

“As a resident of many years we have fought to keep our hospital going, with the help of the league of friends. The hospital is a great asset to Edenbridge, otherwise more travelling and more cost. It must be cheaper to upgrade using the same site, a three storey building should surely accommodate the needs of Edenbridge.”

“It is vital to keep hospital beds in Edenbridge.”

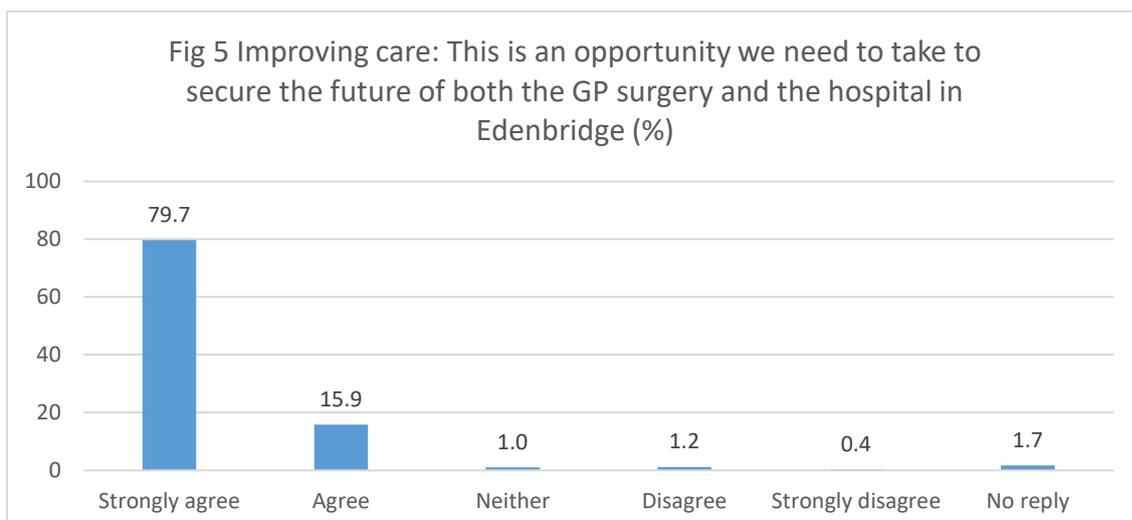
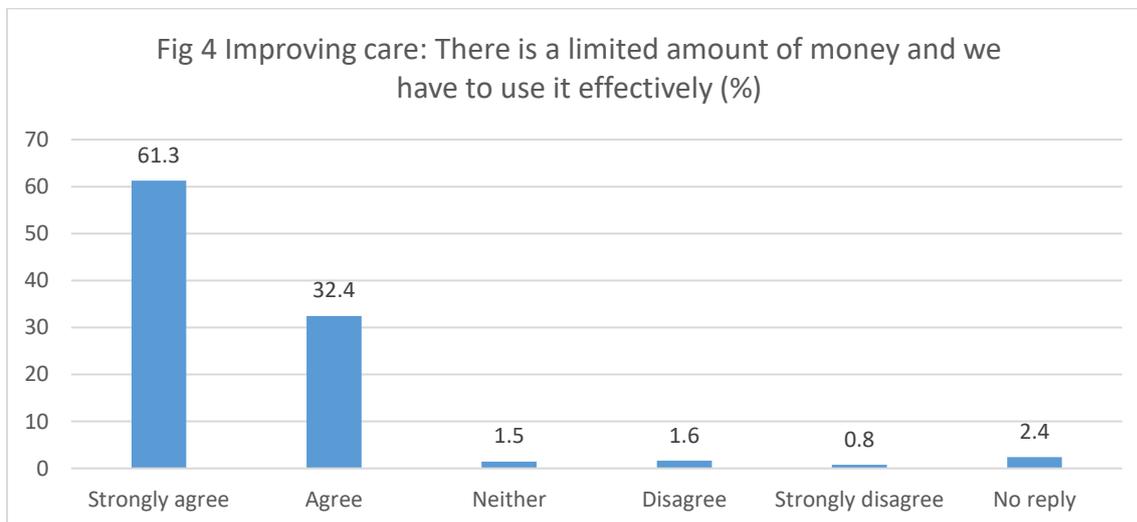
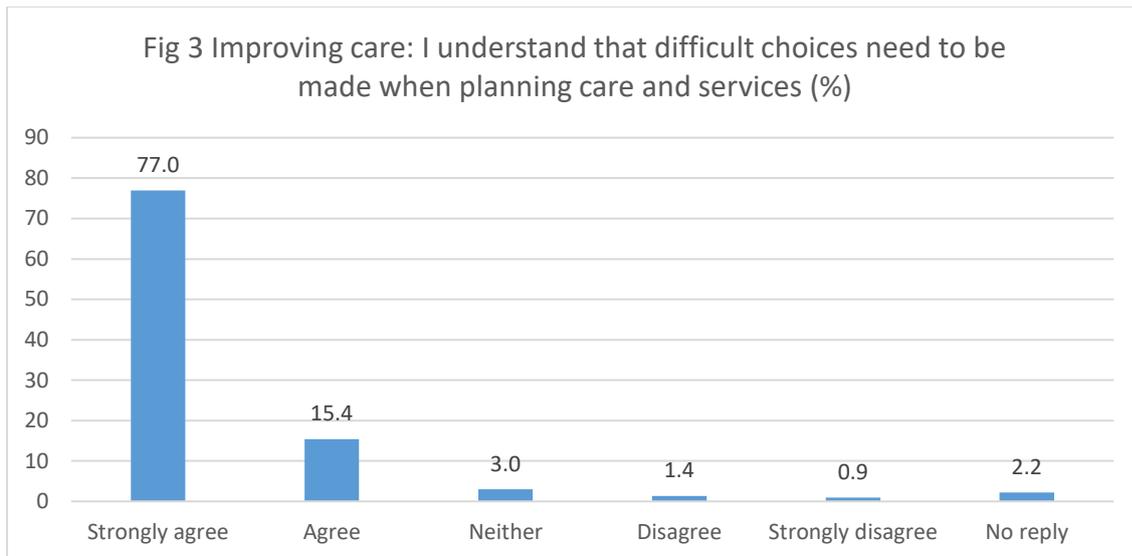
Finally, 5.5% (64 survey respondents) did not select any of the four options. Three of these stated that they did not support any of the options, and a further five supported “Option 5”. The “Option 5” that was proposed was to build the GP surgery on the memorial hospital site as well as keeping the memorial hospital open. Box 2 has an extract from a letter sent to the consultation team, which details what “Option 5” is.

Box 2. Option 5 explained

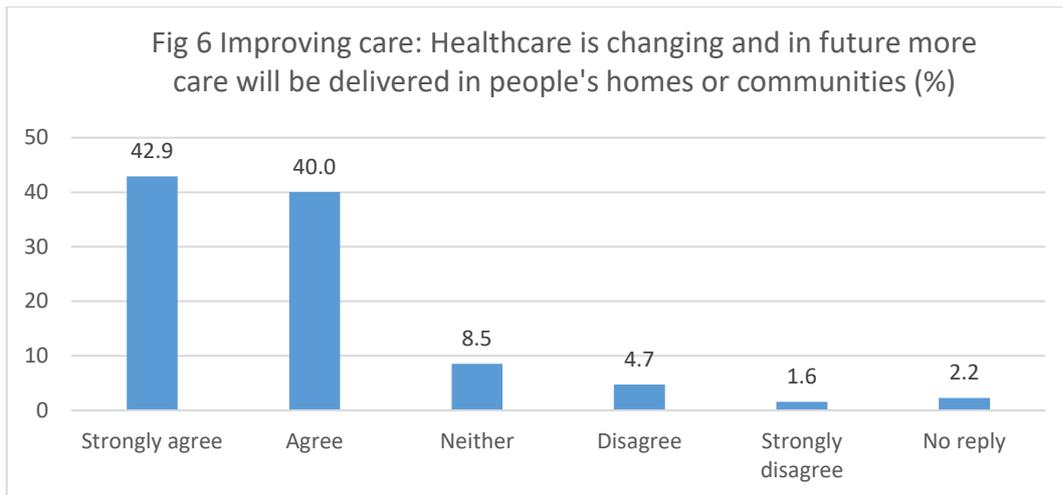
“...so what is option five? Very simple: Build the GP surgery in the grounds of the memorial hospital, keep the memorial hospital open - with its 14 overnight beds and its many medical services thus the ‘hub’ concept is preserved.”

Q3) Improving care: below are a series of statements about our plans to improve care in Edenbridge and why we are making them. Please tell us how strongly you agree or disagree with the statements.

This part of the survey asked about the public’s attitudes to changes in delivering healthcare. There was widespread agreement that difficult choices had to be made (92% agreed), that there was limited money and it had to be used effectively (94% agreed), and that there was an opportunity to secure the future of both the GP surgery and the hospital that needed to be taken (96% agreed). See figures 3-5 for the details.

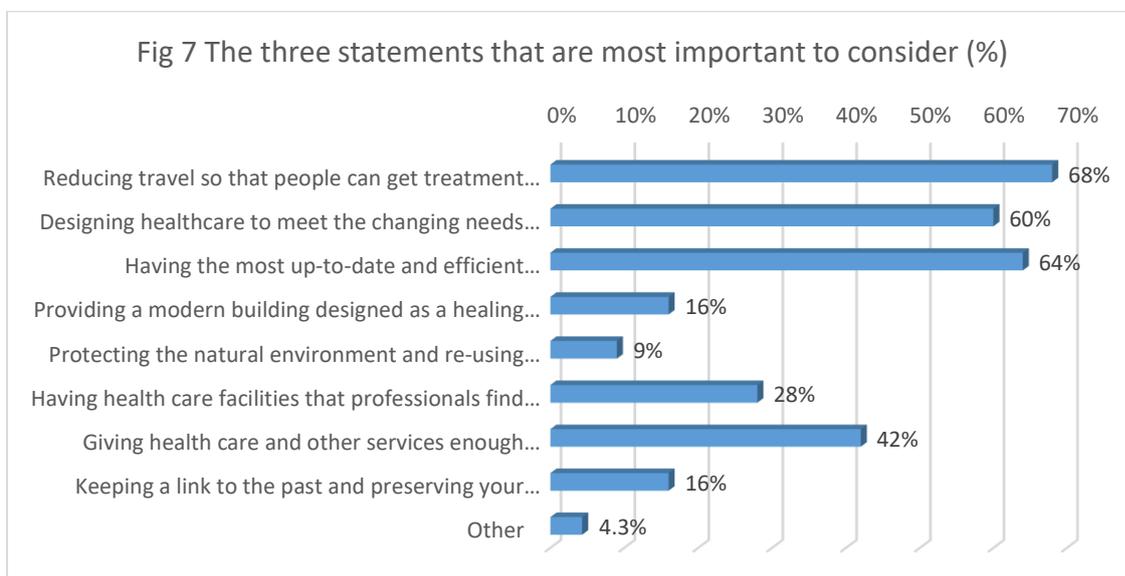


There was slightly lower agreement with the statement that in future more healthcare will be delivered in people’s homes or communities, as the replies were not so skewed towards those saying ‘strongly agree’, and overall 83% agreed (see figure 6).



Q4) Below are a series of statements about what we should consider when planning to deliver healthcare effectively for everyone in Edenbridge and the surrounding villages. Please tick the three statements which you think are most important.

People were asked to pick out the three statements that they thought were most important to consider regarding planning future care for the area. 'Reducing travel...' (chosen by 68%), 'Having the most up to date... equipment and facilities' (64%) and 'Designing healthcare to meet changing needs...' (60%) came out top, followed by 'Giving healthcare and other services enough space to work closely...' (42%). There was least support for 'Protecting the environment' by re-using existing space. See figure 7 and table Q4 in Appendix 3.

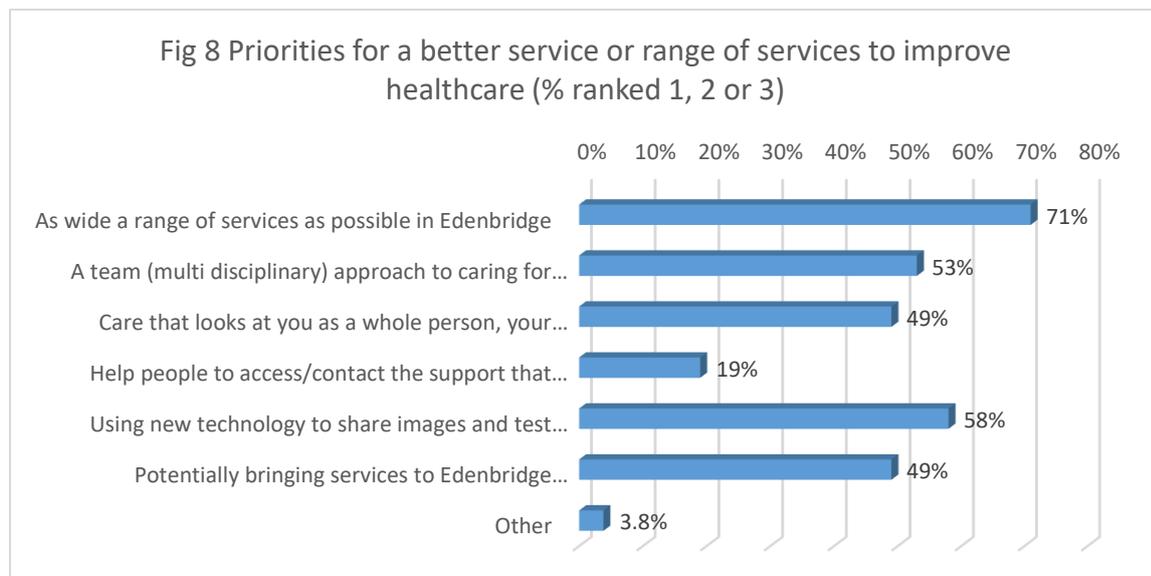


Fifty people (4.3%) wrote down other considerations that they felt were important. These covered a wide range of areas, most popular of which were transport and parking, getting greater access to facilities (including more opening hours), expanding to meet future needs and attract staff, and maintaining a link with the hospital's past. These comments contained similar points of view to those reported above in response to the first two survey questions.

Q5) The combined hospital/surgery offers us an opportunity to develop a better service or range of services in Edenbridge. Below are a series of statements about our plans to improve healthcare for everyone in Edenbridge and the surrounding villages. (Please choose your top five priorities from the list and rank in order.)

When asked to choose and rank their top five priorities for services that could be better or improved, the most popular of six options was to have as wide a range of services as possible provided locally (51% gave this as their *top priority*). Using new technology, having healthcare staff working as a team, providing holistic care, and bringing services that have traditionally only been provided in larger hospitals were also fairly popular, although not ranked so highly. Helping people to access support that already exists locally was least popular, with only 4% putting this as their *top priority* (see details in tables Q5a-Q5f in Appendix 3).

Viewing the replies as which ways of improving services were most often *ranked in the top three*, the same pattern emerged with having as wide a range of services as possible being most popular (71%), helping accessing existing services getting least support (19%), and the rest falling in between (49-58%). Figure 8 and Table Q5 (all in Appendix 3) show the percentage of people giving each statement a ranking of 1, 2 or 3.

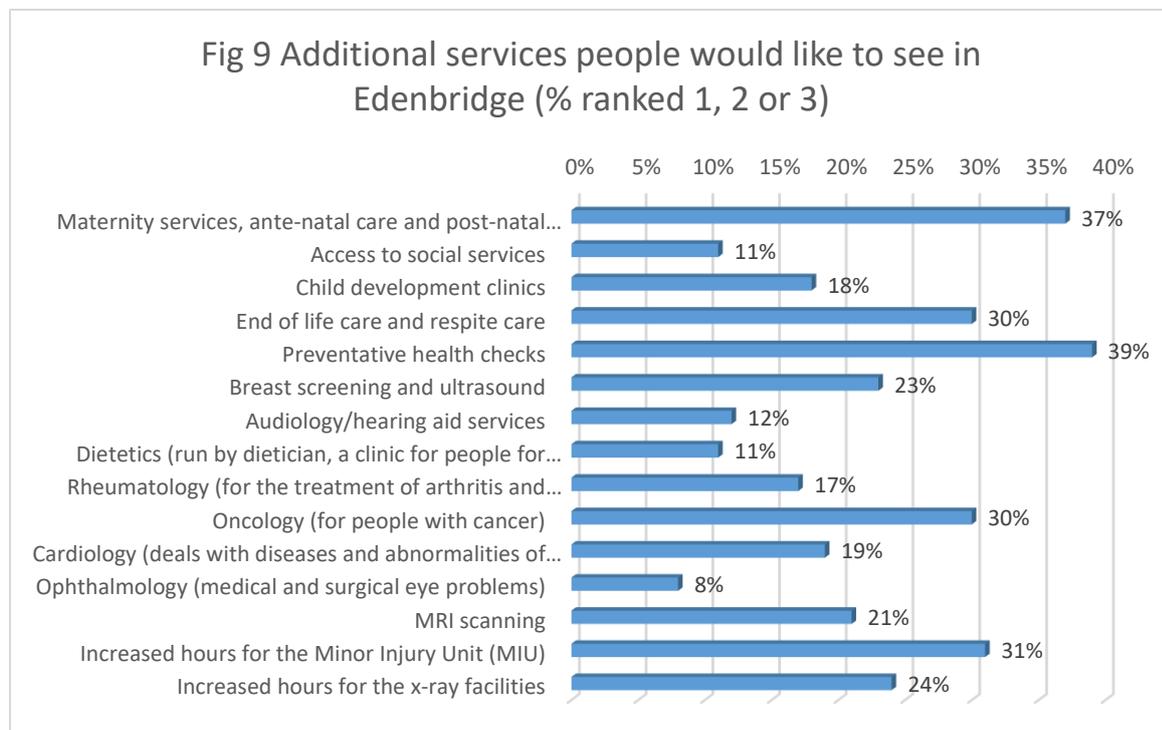


Forty four people (4.7%) wrote comments describing other priorities for developing better services. These focused particularly on having more services nearby that would be on a single site, reducing the need for travel to A&E and the time they waited to be seen. Some saw opportunities for there being more holistic care and collaboration between social and health care, and three asked that inpatient beds were retained.

Q6) The combined hospital/surgery offers us an opportunity to develop a better service or range of services in Edenbridge. Below are a series of statements about our plans to improve healthcare for everyone in Edenbridge and the surrounding villages. (Please choose your top five priorities from the list and rank in order.)

When asked to pick out their priorities from a long list of additional services they would like to see in Edenbridge, the most popular were: Maternity services (51% put this in their **top five**) and Preventive health checks (56% had this in their **top five**). There was also considerable support for End of life/respite care, Breast screening, Oncology, Increased hours for the Minor Injuries Unit and the X-ray facilities (in the **top five** for 40-52% of survey respondents). Child development clinics, Rheumatology, Cardiology and MRI scanning were in the **top five** for 28-35% of people. Not so many people prioritised Access to social services, Audiology, Dietetics and Ophthalmology, with only 16-19% having these in their **top five**. See details in tables Q6a-Q6o in Appendix 3.

Figure 9 below and Table Q6 (all in Appendix 3) show the services that were given strongest support, i.e. the percentage of people putting a service in the **top three** that they felt were needed in Edenbridge.



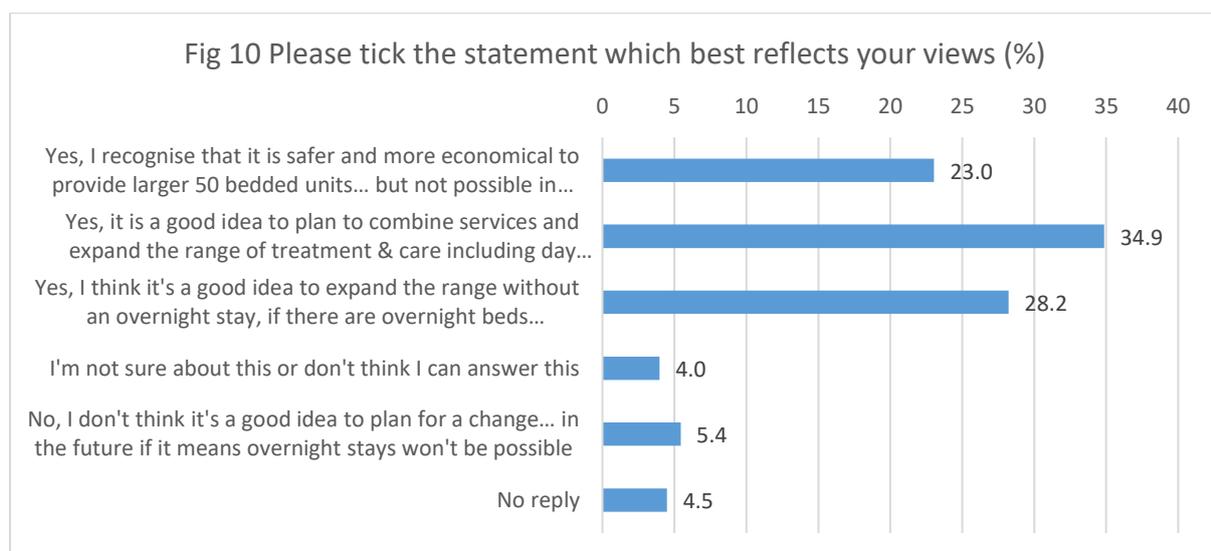
Q7) There is also a move away from caring for people in small isolated wards. Modern community hospitals/care homes have a minimum of 50 to 60 beds as this is the number that allows them to provide robust care, by a team of nurses, assistants and therapists, seven days a week.

What we are suggesting for Edenbridge is a combined hospital/surgery that brings GPs and community staff together and has more space for day care beds, outpatient clinics, and other services. It would have the right staff to expand the range of treatment and care that could be given without an overnight stay. It would have a sustainable future and could plan to grow and develop

staff expertise and services. Do you recognise and support this? Please tick the statement which best reflects your views.

During the public consultation in Edenbridge, it had been stressed in documents and at public meetings that there were strong arguments for moving away from caring for people in small isolated wards and towards creating modern community hospitals or care homes with at least 50 beds. For example, there were difficulties in staffing small inpatient units, and it was both easier and more economic to provide care in a larger unit containing a wider range of nurses and therapists, that could be open seven days a week and have room to expand services.

To find out what the public thought about these issues, the survey asked which of several statements about the future health services for Edenbridge they recognised and supported (see figure 10). Views were split, with just over a third thinking it was a good idea to combine services and expand the range, including day beds/care. Slightly fewer thought it was a good idea to expand the range of services without an overnight stay, providing that there were overnight beds nearby. Just under a quarter recognised that safe and economical bedded hospitals were 50 bedded units and that this was not viable in Edenbridge. 5.4% did not support change if it meant overnight stays were not possible, and 8% did not or could not choose.



Not surprisingly, there was a correspondence between replies to this question and the option people had chosen earlier in the survey. People choosing other than the preferred option (1a) were less likely to agree that 50 bedded units were more economical and more likely to want overnight beds retained in Edenbridge. People who wanted the hospital site developed with no beds (Option 2a) most often supported the statement that expansion was a good idea if there were overnight beds nearby.

There was no difference between the way men and women replied to this question, but there was significant trend in replies across age groups - younger people were far more likely to recognise and support the statement that overnight beds were not economical in Edenbridge. People aged 45-64 were more likely to tick the second statement that it was a good idea to combine and expand services including day beds, and people aged 75+ were more likely to support the third statement about an expansion of services without offering overnight beds providing there were beds nearby.

Q8) Do you have any other comments or ideas that you would rather suggest?

At the end of the survey, respondents were offered the opportunity to give further comments or suggestions. 309 (27%) of the respondents gave further comments.

A few gave positive comments about the new hospital and the consultation process.

"This is a great opportunity to make provision for Edenbridge and areas healthcare and welfare and for generations to come."

"I believe that option 1a would benefit the whole of Edenbridge enormously and must applaud the whole team responsible for drawing up these far reaching and seeing plans. Thank you to our caring team of doctors and nurses and all staff members, and all responsible for this brochure."

A few also discussed that they were happy for the healthcare professionals to decide what was needed, whilst recognising that current provisions were insufficient:

"I am in the hands of the experts to maintain the best possible healthcare for the residents of Edenbridge now and into the future."

Edenbridge and surrounding areas are expanding and something absolutely needs to change in order to improve current services. The surgery and prescription services are dire and being offered a blood test >2 weeks post initial presentation is unacceptable. This should be same day. MIU and maternity services are fantastic. A multi-disciplinary approach, offering good health promotion to prevent ill health will be a great health initiative."

Several issues and concerns were also raised by the respondents.

Many of the comments reiterated the need for beds (day beds and/or in-patient beds) and easy access.

"I think it is very important to keep the new hospital close to Edenbridge for easy access. It would be wonderful if there was sufficient space and money to have more beds available but not at the expense of moving the whole hospital further away, I feel easy access is top priority so one can go back easily for treatment and not have long journeys for that. Please consider leaving space on build for beds if money and need become available and necessary."

"The lack of overnight beds is not advisable at all. The journey to Pembury is long and -without a car- impossible - not everyone has a car. Visiting relatives in Pembury or other hospitals is difficult and very expensive, yet frequent visits are so beneficial to both the patient and the relatives. Especially where long term hospitalisation is needed. Don't forget elderly patients tend to have elderly loved ones who struggle visit."

Linked to accessibility, a few questioned the terminology being used as hospital made them think it was available 24 hours a day, 7 days a week.

"Surgery/hospital' is misleading. Hospital infers services available 24:7. What other services will be available daily? Doctors?"

"To call it a hospital is questionable! Will it be open 7 days a week? I think not. With Sevenoaks hoping for a proper residential hospital is this funding from the same pot! Or will Edenbridge be left second best again."

Concerns around public transport and parking were also raised by many of the respondents. Respondents stressed the need for adequate parking spaces (and ideally being able to park for free, as they felt that hospital car park costs were often high). Good public transport services to and from the new site were also requested.

"The new site should be accessible by bus for patients unable to drive and there should be adequate parking for both patients and staff."

"Parking in the new building needs to be free. I understand that this is an issue for much later on in the process, however if parking charges come into force this will encourage parking charges in a town we have never had to pay for before."

"...please have free parking there is nothing worse than worrying about a poorly relative and then finding yourself trying to find money for tickets - patients really don't need the added stress."

As discussed before, questions were raised around the selling of the existing site and where the money would go, and what would be built there. Concern was expressed by some as it was feared that the local residents would not benefit from the sale of the land.

"Will the current surgery site be sold, presumably to housing developers and so financing the (new) hospital site?"

"Money for sale of land should go towards new centre and not be lost in NHS, again this would placate local people."

"The hospital has been well supported by the residents of Edenbridge with financial support and voluntary support since its very beginning. Any sale of the land must be advised to the towns people, the price that the land is sold for must be spent or held by the town and not be passed on to the national or regional pot. Cost of the new building and any sale of land must be clearly shown to the towns people."

This issue was of particular importance to people who remembered that the local community had done a lot of fund raising for the original hospital to be built.

"It should still be called the Edenbridge War Memorial Hospital as Edenbridge people paid 6p per week to have it built."

A few of the respondents also suggested taking a similar approach for this hospital, and ask the local community to support the hospital by sponsoring bricks and holding fundraising events in their local community. They felt this was needed as there expressed concerns around the proposed finances, and felt that the proposed budgets were inadequate for the cost of a new build. A few also highlighted the need to keep the war memorial:

"If some of the services are not available then you should be able to go to the next nearest hospital like East Grinstead Queen Victoria Hospital. If you need more money to build option 1b why not do what Edenbridge residents did years ago and every person brought a brick."

“My concern is what would happen to the war memorial names of the dead of the 2 wars, could the memorial be put onto the wall of new hospital.”

A few also questioned whether adequate consideration had been given to elderly care and residential facilities for the elderly, and end of life care.

“I would like to see incorporated within this new facility a need advisor for care home placements. Someone who could advise on local out of area care homes and give advice on costs, what each home offers, etc.”

“I am concerned about the lack of respite and end of life/palliative beds within Edenbridge. It is not always desirable or possible for everyone to die at home comfortably. We need a nursing (not just 'care') home here so that patients can be within easy reach of home and family.”

Finally, some of the respondents stressed the need for improved GP care and questioned if their GP services would in fact be improved by these changes as many felt that current provisions were simply inadequate.

“The priority is a medical centre that functions properly. At the moment neither the surgery or the hospital do. Waiting times for appointments to see a doctor are outrageously long. Staff are over-stretched.”

“Does this expanded surgery/clinics mean that it will be easier to get an appointment and that we don't have as many part time doctors. Phone consultations are acceptable if we are given an appropriate time as we don't have to wait in for hours.”

“GPs should be showing commitment to evening surgeries and Saturdays. I often hear doctors receptionist say 'the doctors only work a short day' or 'they don't really want evening surgery' or 'doctors have too many holidays'.”

3.2. RESPONSES FROM THE PUBLIC CONSULTATION EVENTS

At the four public events, Q&A sessions were held and the questions and responses transcribed verbatim. Table 2 (overleaf) details the top five most frequently asked questions and the responses provided.

Table 2. Summary of the Q&A sessions: Most frequently asked questions

Overall topic area	Example of the questions asked (detailed verbatim)	Responses given (detailed verbatim)
<p>Sale of old site/ offering new facilities on old site (for example, care home)</p>	<p><i>“I struggle to work out how the sale of the site fits into your funding plans. Please can you explain?”</i></p> <p><i>“Would you have any control of what happened to the [hospital] site after it was sold?”</i></p> <p><i>“Could we, after the hospital is demolished or the services are moved into the new building, offer it to the Hospice in the Weald and have a hospice there, not a hospital?”</i></p>	<p><i>“There are two bits. We need to persuade the NHS to release the money from the sale of the hospital. Effectively we will take out a loan to pay the building, then get the money back. It has been done before. Not unusual.”</i></p> <p><i>“No, the only people who have control once it is sold are the planning authorities. It would be the same as if you sold your house. Though there could be something about working with the planning authorities about consent. If you had an agreed composite development plan and you had agreement that the sale of the site was part of a sequence of phases that are part of the same development or plan, that would give you a chance of more control.”</i></p> <p><i>“I don’t think we have thought about that. We can and we will ask them the question.”</i></p>
<p>Loss of beds</p>	<p><i>“We need to retain our beds, I had a fall recently it took one and a half hours for an ambulance to arrive and take me to Pembury. Why can’t we increase the units here? It’s not easy to travel to Sevenoaks or Pembury.” [Applause]</i></p>	<p><i>“We don’t know exactly where we will build these three 50 bedded units, this will have to be discussed over time. If only 2/3 Edenbridge residents need care in a bed is it necessary to build a 50 bedded unit here? We do need more community beds, but we also need to provide care here for people at home to keep them well and make the most of what we can offer to everyone here. If we build a facility for beds we can’t afford it.”</i></p>
<p>Accessibility</p>	<p><i>“About parking - at Beckenham Beacon you have to pay to park?”</i></p> <p><i>“If you decide to stop running the overnight beds, could we as a community set up volunteers to help people with transport and travel? So people who can’t use public transport can get to see their relatives?”</i></p>	<p><i>“The plan is for 140 spaces, we will seek specialist advice and we need to check that we don’t have expensive scheme and high costs. We want to avoid that sort of issue.”</i></p> <p><i>“Great idea, love to work with community on that. It will be more than just a building with professionals in it, going to be much more part of the community.”</i></p>

Overall topic area	Example of the questions asked (detailed verbatim)	Responses given (detailed verbatim)
Improved GP services	<p><i>"It is stressful getting a doctor's appointment at the moment. You think you have won the lottery. How much bigger will the doctors' part be?"</i></p> <p><i>"Will there be funding for extra GPs to cover home care?"</i></p>	<p><i>"I don't know, the rooms will serve more than one function. They might be used for GPs at one time and for other uses at other times. We have a very sketchy architect's drawing. What we do know is that a new building won't generate new or more appointments."</i></p> <p><i>"A new building, practising in new ways at a high standard will attract new, good people. Around the country, practices are closing because it's increasingly difficult to get people to come into general practice. If you can't recruit, and you can't practise safely, you can give the CCG three months' notice: "We want to close the door and walk out." That's the doomsday scenario. Locally we have two new GP partners in Edenbridge and part of the reason is because they are excited about this project. A year or so ago, we were really struggling. We will be able to recruit good doctors and, as our practice increases in size, more doctors. Without it, things would be much worse."</i></p> <p><i>"We are looking at improving out of hours care across the piece. That includes GPs."</i></p>
Workforce recruitment and retention	<p><i>"Are there going to be more Drs and nurses, or the same staff as now?"</i></p>	<p><i>"Not exactly sure, we are working on Sustainability and Transformation plan now which will look in much more detail at all plans for improved local care, and there is a workforce work stream within that so the detail of how services across west Kent will develop will be influenced by that...Issue of workforce is very difficult to solve, we are talking about a different way of working, a new model of delivery that is attractive to staff and will help us recruit and retain staff."</i></p>

3.3. RESPONSES FROM THE CONSULTATION WITH THE LOCAL TRAVELLER COMMUNITY

Ten people from the local Traveller community were interviewed. Most of the respondents felt that having the services under one roof was sensible.

“It’s a good idea, lovely.”

“I think it would be lovely to make it all one. You go to the surgery and there are more quality nurses – I think that’s a wonderful idea. Have it all in one go, perfect.”

However, concern was expressed by some in relation to the lack of local Accident and Emergency facilities and the time it can take ambulances to arrive.

“We need an A&E here. [My] Husband is under hospital for his heart. We have to go to Maidstone and Pembury – twice last week....He had a heart attack four years ago. It seemed like forever [until ambulance arrived].”

Most were positive about the change in the type of beds which would be available locally.

“It’s a good idea. It sounds better to have day beds [than inpatient beds].”

“The change to day beds is a good idea.”

3.4. GENERAL RESPONSES FROM WIDER STAKEHOLDERS

The comments already summarised in Section 3.1 of this report were largely reflected in a number of more detailed general responses from the public. This included responses from both private individuals as well as formal bodies from a number of locations, although generally in the Edenbridge area.

Although there were some positive comments in relation to providing local residents with improved health services, a few concerns were raised. These concerns were the same as issues raised by others at the public meetings and through the open-ended questions on the survey. They included:

- The loss of in-patient beds
- Questioning what would happen to the site once the old hospital had moved and who would benefit from the sale of the old site
- How the new build would be funded, and if this would leave considerable extra debt for the local area and future generations
- Possible car parking/congestion issues at the new site (insufficient car parking, rush hour congestion and costs of parking)

However, one previously unmentioned concern was highlighted by a couple of the respondents. This concern was in relation to the environmental impact of building on green belt land:

“I did see that environmental impact was mentioned, but it did not appear as one of the “CONS” of building on a new site and I believe it should have been because otherwise it is not accurate. Some people will only look at those sections and I think this has been left out deliberately to mislead the public. However, it is encouraging to know that a non green belt site is being considered, I urge you to go ahead with that as there are plenty of places in Edenbridge that could be used: the Tannery site and the area around St John’s Way which is currently all boarded up. These sites should be utilised. It would be a crime against the future

generations of the area to concrete over more countryside. I urge you to NOT do that and I will do all I can to prevent such vandalism.”

In a couple of letters/emails, the authors asked the consultation team to consider the co-location of the hospital with Edenbridge leisure centre. They felt that, as the site is already in public ownership and is very central, it provided an ideal location. This proposal was also brought up by the author re use of the leisure centre land at one of the public meetings.

“Comment from local resident: I am keen to look at the site of the leisure centre all weather pitch. I have spoken to and met with the CEO of Sensio, it is part of Sevenoaks Council property. The all-weather pitch seems of a suitable size, in a central location, and is owned by Sevenoaks council. It makes sense to have health located with leisure – there is synergy, there have been some doubts raised oversize and the number of car parking spaces. Yesterday, I received a letter about my suggestion which says there isn’t enough space: 1.2 hectares as opposed to 1.1 hectares available, and there would be a loss of £25,000 in revenue and the costs of relocating the pitch, despite this I am keen for this suggestion to be reconsidered and put back in the mix and commission a professional to judge it.

In response Dr Simon Morrison explained why this site may not be deemed appropriate:

“Thank you all options will be thoroughly assessed. It’s a clever idea, a central site and a good mix to have health and healthy activities together. I was there at the meeting on Tuesday, the concern is the space is just too small the 1.1 hectares includes using the existing 80 car parking spaces – leaving no parking for the leisure centre or the health facility. There was a discussion about underground parking but at an estimated cost £1 million so that’s not feasible. Plus there is the 10 year lease with Sensio to be bought out, and the amenity of the all-weather pitch to rebuild and the consideration of where do we locate that? We looked at the site, where all the car parking spaces at the front are required for the Health centre leaving no space for any parking so the site is just not big enough.”

3.5. DETAILED RESPONSES FROM STATUTORY BODIES, DISTRICT/COUNTY COUNCILS AND FORMAL BODIES

Formal bodies had been informed of the consultation, but had not necessarily discussed it or given a written response, especially if they saw it as a consultation of the public. A summary of the issues raised by the statutory bodies and local organisations is provided below:

3.5.1. Edenbridge and District War Memorial Hospital League of Friends

A letter of support was sent from the League of Friends (that was agreed by a majority only, not the whole committee). They concluded:

- Option 1a was the preferred option (for the majority, two members of the committee did not support option 1a) and they supported the use of the existing site for a care home/nursing home/end of life home.
- The League of Friends “*argue strongly*” that:
 - All existing outpatient and day services retained with space for future expansion

- Any sale proceeds from the old site should be retained by the local community and put towards the financing of the new hospital/surgery.

3.5.2. Edenbridge Town Council

A survey was completed on behalf of Edenbridge Town Council. They answered:

- ‘Yes’ to the question: *Do you think a combined hospital/surgery is the right solution for people living in and around Edenbridge?*
- They felt that the current facilities were insufficient to meet demand.
- They supported option 1a, *“This option is preferred, provided that overnight stay beds for NHS patients could be provided in or near.”*

3.5.3. Sevenoaks District Council

An email was sent from Sevenoaks District Council. The email stated that:

“While the Council does not seek to give a preferred option, we do work in close partnership with West Kent CCG. We therefore understand the importance of improving healthcare facilities and ensuring that they are responsive to community needs. We support the principle of community health hubs, particularly those that incorporate leisure facilities.”

The email went on to provide comments from Planning in relation to the consultation:

“The consultation centres on a proposal to demolish the existing hospital complex and replace it with a new, modern purpose hospital/surgery complex (2 to 3 storeys) within Edenbridge. This will be done, either by:

- a) Building a new medical facility within the Green Belt in a new location identified along Four Elms Lane, Edenbridge; or*
- b) To demolish and replace the existing hospital on the same site.*

It is noted that the West Kent CCG has a preferred option to build a new medical facility along Four Elm Lane, Edenbridge (Option 1a).”

The **Sevenoaks District Council Planning team** also made comments on the different options:

Planning have the following brief comments to make:

“Proposed Option 1a) and 1b) – Preferred Option for the West Kent CCG

Both these schemes involve the development of a new building on Green Belt land with a modern purpose hospital/surgery 2 to 3 storeys. Two sites (KCC land & Cooper estates) along Four Elms Lane have been identified. No extra funding or services are to be provided

- *The existing hospital site will cease. ADMP Policy CF2 seeks to protect existing local services with Edenbridge. The exceptions to the policy are where equivalent replacement facilities equally accessible to the population served are provided. So as a matter of principle this aspect would be compliant in terms of replacement facilities. The KCC site (and former Eden Valley school site) is immediately adjacent to the Eden Centre and is in an accessible location to the population which it serves.*
- *However both sites are in the Green Belt and a hospital does not fall into the list of appropriate development in the Green Belt.*

In addition, should this option be pursued, it would be useful to understand the future plans for the existing site, following the outcome of this consultation.

Proposed options 2a) and 2b)

Both these schemes involve demolishing the existing hospital and replacing with a modern purpose-built hospital/surgery of 2 to 3 storeys. Also makes reference to requiring some additional land within the Green Belt. No extra funding or services are to be provided.

- Loss of a building contributing towards the character of the Conservation Area is a very high test/hurdle in the NPPF and policy EN4 of the ADMP. The requirements of paragraphs 133 will need to be met and are unlikely to be achieved through a modern 2 to 3 storey hospital block. The principle of conserving or enhancing the Conservation Area will be very difficult achieve, particularly when the proposal will result in significant harm to the Conservation Area through the loss of a building that contributes to its character.*
- ADMP Policy CF2 seeks to protect existing local services with Edenbridge. As this scheme involves redevelopment, it would be broadly consistent with this.*
- No details of the extent of works/new build in the Green Belt around the existing site.”*

The correspondence concluded that, in principle the development of “a new medical/health facility is supported”, however they went on to stress that “it is important to recognise that any development in the Green Belt would have to be in accordance with the Local Plan and the NPPF. Further work must be completed for the Local Plan, including determining the suitability of sites which were submitted for the Council’s consideration.”

4. CONCLUSION

This evaluation has found that the consultation was carried out in a broad and systematic way. The consultation document was clearly written and accessible. Senior members of staff responsible for commissioning and providing health services in Edenbridge were highly visible at public meetings, giving presentations on the consultation issues and answering questions from the public.

The consultation attracted a large number of people to public meetings (432 attendances) and to complete the survey (1159 responses). People attending more than one meeting or responding in several ways are unlikely to have affected the overall findings, as this group contained both people who spoke for and people who spoke against the preferred option.

While the tone of questioning and the written responses were largely very supportive and there were a few people voicing concerns, there was only a handful of people who strongly disagreed with what had been put forward in the consultation document and presentations.

The overall view of local people was very positive about the plans. It was widely felt that GP and hospital services were already over-stretched and unable to meet needs. Almost all agreed that a combined hospital and surgery was the solution, and the great majority supported the preferred option that this should be on a new site and without inpatient beds (Option 1a).

APPENDIX 1: SUMMARY OF 2016 ENGAGEMENT PROCESS

Extract from: **Edenbridge's Future:**

Report on the engagement process 24 May to 19 July 2016

Report author:

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Kent Community Health NHS Foundation Trust

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19 August 2016

1. Executive Summary

1.1 NHS West Kent Clinical Commissioning Group (CCG), Edenbridge Medical Practice and Kent Community Health NHS Foundation Trust (KCHFT) identified an opportunity to work together to look at how we provide health services in the future for the people of Edenbridge and the surrounding villages.

1.2 Patients were already telling us that the GP practice is too small and that parking and disabled access was an issue. The GP practice has limited capacity to register more than the current 12,400 patients and will therefore struggle as up to 800 new homes are built in Edenbridge. The community hospital, run by KCHFT, is old and it will be hard for it to keep up with modern standards of care in the future.

1.3 The engagement document was launched on 24 May 2016 at an invitation only listening event, attended by 49 people. This event was followed by a series of six drop-ins held at Edenbridge hospital attended by a total of 45 members of the public and some KCHFT staff. The League of Friends extended their AGM to include a presentation and question session attended by 50 people. This called for additional public meetings and these were held on a Saturday morning and Tuesday evening, attended by 43 and 112 people respectively.

1.4 The engagement document was distributed via schools, local churches, libraries, community venues, the GP surgery, the hospital and the town council office. Flyers about the meetings were widely distributed. Social media was used to promote the engagement exercise. A total of 307 people attended meetings and 434 people responded to the engagement document.

1.5 The main themes were that people felt with the growing population due to new housing, Edenbridge is in desperate need of more GP services as well as a wider range of health services, in particular maternity and children's services and end of life care. The difficulties of getting from Edenbridge both by road and public transport to Pembury and Maidstone were frequently highlighted. People welcomed the idea of more services and many could see the benefits of a new building bringing GP and community services together. However, there is considerable local concern that a new building means the much loved Edenbridge War Memorial hospital will close. The town feels that it is their hospital especially as many families bought a brick to enable it to be built.

1.6 People welcomed the fact that the CCG, KCHFT and GP Practice were engaging with the public before firm proposals are in place. There was some frustration about the lack of detail and the document not having proposals to consider and concern that the final proposals might prove unaffordable. People also wanted more information about potential locations for the new building and wanted serious consideration given to using the current community hospital site, but protecting the services delivered there in the interim period. People are keen to remain involved and are now waiting to hear about the options during the formal consultation process. They want this process to be even more widely publicised and the lessons learned from the engagement phase to be taken on board.

APPENDIX 2: EDENBRIDGE HEALTH SERVICES QUESTIONNAIRE

Q1 Do you think a combined hospital/surgery is the right solution for people living in and around Edenbridge?

Yes No Don't know

Q1a Please tell us why

Q2a Looking at the options presented in this consultation document, on pages 13-16, which option [1a,1b,2a,2b] do you think will most effectively deliver healthcare for everyone in Edenbridge and the surrounding villages?

Option 1a Option 1b Option 2a Option 2b

Q2b Please explain why

Q3 Improving care: below are a series of statements about our plans to improve care in Edenbridge and why we are making them. Please tell us how strongly you agree or disagree with the statements below:

Healthcare is changing and in future more care will be delivered in people's homes or communities

Strongly agree Agree Neither Disagree Strongly disagree

I understand that difficult choices need to be made when planning care and services

Strongly agree Agree Neither Disagree Strongly disagree

There is a limited amount of money and we have to use it effectively

Strongly agree Agree Neither Disagree Strongly disagree

This is an opportunity we need to take to secure the future of both the GP surgery and the hospital in Edenbridge.

Strongly agree Agree Neither Disagree Strongly disagree

Q4 Below are a series of statements about what **we should consider** when planning to deliver healthcare effectively for everyone in Edenbridge and the surrounding villages. **Please tick the three statements which you think are most important.**

- Reducing travel so that people can get treatment and care as close to home as possible
- Designing healthcare to meet the changing needs of the community/population
- Having the most up-to-date and efficient equipment and facilities
- Providing a modern building designed as a healing and therapeutic environment
- Protecting the natural environment and re-using existing space and structures
- Having health care facilities that professionals find attractive and want to work in
- Giving health care and other services enough space to work closely and efficiently together
- Keeping a link to the past and preserving your heritage, for instance by moving the war memorial or using the word memorial in naming any new facility

Other

Q5 The combined hospital/surgery offers us an opportunity to develop a better service or range of services in Edenbridge. Below are a series of statements about our plans **to improve healthcare for everyone in Edenbridge and the surrounding villages.**

(Please choose your top five priorities from the list and rank in order.)

- As wide a range of services as possible in Edenbridge
- A team (multi disciplinary) approach to caring for people with long term or complicated health and care needs
- Care that looks at you as a whole person, your mental health just as much as your physical health
- Help people to access/contact the support that already exists locally, for example, befriending groups, exercise groups, clubs and societies, benefits and money advice
- Using new technology to share images and test results and contact specialists in hospital remotely, so that patients have better access to test results, and expert clinical opinion for follow up or monitoring.
- Potentially bringing services to Edenbridge traditionally offered in larger hospitals such as intravenous medication

Other

Q6 Previously people have told us the type of **additional services** they want to see in Edenbridge in the combined surgery/hospital, which of the services below do you think we need?

(Please choose your top five priorities from the list and rank in order.)

- Maternity services, ante natal care and post-natal parenting support
- Access to social services
- Child development clinics
- End of life care and respite care
- Preventative health checks
- Breast screening and ultrasound
- Audiology/hearing aid services
- Dietetics (run by dietitian , a clinic for people for whom there are dietary or nutritional concerns)

(List continues on page 3)

- Rheumatology (for the treatment of arthritis and other conditions of the muscles, joints and bones.)
- Oncology (for people with cancer)
- Cardiology (deals with diseases and abnormalities of the heart)
- Ophthalmology (medical and surgical eye problems)
- MRI scanning
- Increased hours for the Minor Injury Unit (MIU)
- Increased hours for the x-ray facilities

Q7 There is also a move away from caring for people in small isolated wards. Modern community hospitals/ care homes have a minimum of 50 to 60 beds as this is the number that allows them to provide robust care, by a team of nurses, assistants and therapists, seven days a week.

What we are suggesting for Edenbridge is a combined hospital/surgery that brings GPs and community staff together and has more space for day care beds, outpatient clinics, and other services. It would have the right staff to expand the range of treatment and care that could be given without an overnight stay. It would have a sustainable future and could plan to grow and develop staff expertise and services.

Do you recognise and support this? Please tick the statement which best reflects your views.

- Yes, I recognise that it is safer and more economical to provide larger 50 bedded units with the right range and level of staff, and that a unit of this size is not possible in Edenbridge
- Yes, it is a good idea to plan to combine services and expand the range of treatment and care that could be given in Edenbridge including offering day beds and care
- Yes, I think it's a good idea to expand the range of treatment and care that could be given in Edenbridge without an overnight stay, if there are overnight beds somewhere else close to Edenbridge.
- I'm not sure about this or don't think I can answer this
- No, I don't think it's a good idea to plan for a change in the type of service and care and size of bedded units in Edenbridge in the future if it means overnight stays won't be possible

Q8 Do you have any other comments or ideas that you would rather suggest?

If there isn't enough space to tell us everything, please send in any additional thoughts on a separate email or letter.

About you

Please tell us a little about you, this is for monitoring purposes, all responses will be anonymous.

Q9 Please indicate which age group you are?

- | | | | |
|--------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> 16-24 years | <input type="checkbox"/> 25-34 years | <input type="checkbox"/> 35-44 years | <input type="checkbox"/> 45-54 years |
| <input type="checkbox"/> 55-64 years | <input type="checkbox"/> 65-74 years | <input type="checkbox"/> 75 years or more | <input type="checkbox"/> Prefer not to answer |

Q10 Are you...?

- | | | |
|-------------------------------|---------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to answer |
|-------------------------------|---------------------------------|---|

Q11 Please indicate your ethnic group. Choose 1 option that best describes your ethnic group or background.

White

- | | |
|--|---|
| <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Gypsy or Irish Traveller | <input type="checkbox"/> Any other White background, please write in below: |

Mixed / Multiple ethnic groups

- | | |
|--|---|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Any other Mixed / Multiple ethnic background, please write in below: |

Asian / Asian British

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese |
| | <input type="checkbox"/> Any other Asian background, please write in below: |

Black / African / Caribbean / Black British

- | | |
|----------------------------------|---|
| <input type="checkbox"/> African | <input type="checkbox"/> Caribbean |
| | <input type="checkbox"/> Any other Black / African / Caribbean background, please write in below: |

Other ethnic group

- | | |
|--|-------------------------------|
| | <input type="checkbox"/> Arab |
|--|-------------------------------|

<input type="checkbox"/> Other	<input type="text"/>
--------------------------------	----------------------

- | |
|---|
| <input type="checkbox"/> Prefer not to answer |
|---|

APPENDIX 3: RESPONSES TO THE SURVEY

The tables show the number and percentage of people ticking each box in the consultation survey.

Table Q1 Do you think a combined hospital/surgery is the right solution for people living in and around Edenbridge?

	Frequency	Percent
Yes	1085	93.6
No	30	2.6
Don't know	32	2.8
No response	12	1.0
Total	1159	100.0

Table Q2a Looking at the options presented in this consultation, which option do you think will most effectively deliver healthcare for everyone in Edenbridge and the surrounding villages?

	Frequency	Percent
Option 1a	913	78.8
Option 1b	54	4.7
Option 2a	90	7.8
Option 2b	38	3.3
No response	64	5.5
Total	1159	100.0

Table Q3a Improving care: Healthcare is changing and in future more care will be delivered in people's homes or communities

	Frequency	Percent
Strongly agree	497	42.9
Agree	464	40.0
Neither	99	8.5
Disagree	55	4.7
Strongly disagree	18	1.6
No response	26	2.2
Total	1159	100.0

Table Q3b Improving care: I understand that difficult choices need to be made when planning care and services

	Frequency	Percent
Strongly agree	892	77.0
Agree	179	15.4
Neither	35	3.0
Disagree	16	1.4
Strongly disagree	11	0.9
No response	26	2.2
Total	1159	100.0

Table Q3c Improving care: There is a limited amount of money and we have to use it effectively

	Frequency	Percent
Strongly agree	710	61.3
Agree	376	32.4
Neither	17	1.5
Disagree	19	1.6
Strongly disagree	9	0.8
No response	28	2.4
Total	1159	100.0

Table Q3d Improving care: This is an opportunity we need to take to secure the future of both the GP surgery and the hospital in Edenbridge

	Frequency	Percent
Strongly agree	924	79.7
Agree	184	15.9
Neither	12	1.0
Disagree	14	1.2
Strongly disagree	5	0.4
No response	20	1.7
Total	1159	100.0

Table Q4 The three statements that are most important to consider (% ticked)

Reducing travel so that people can get treatment and care as close to home as possible	68%
Designing healthcare to meet the changing needs of the community/population	60%
Having the most up-to-date and efficient equipment and facilities	64%
Providing a modern building designed as a healing and therapeutic environment	16%
Protecting the natural environment and re-using existing space and structures	9%
Having health care facilities that professionals find attractive and want to work in	28%
Giving health care and other services enough space to work closely and efficiently together	42%
Keeping a link to the past and preserving your heritage, for instance by moving the war memorial or using the word memorial in naming a new facility	16%
Other	4.3%

Table Q5a Better service or range of services: As wide a range of services as possible in Edenbridge

	Frequency	Percent
Ranked first (or just ticked)	596	51.4
Ranked second	130	11.2
Ranked third	98	8.5
Ranked fourth	83	7.2
Ranked fifth	116	10.0
Total ticked/ranked	1023	88.3
Not ticked or ranked	136	11.7
Total	1159	100.0

Table Q5b Better service or range of services: A team (multi disciplinary) approach to caring for people with long term or complicated health care needs

	Frequency	Percent
Ranked first (or just ticked)	150	12.9
Ranked second	282	24.3
Ranked third	179	15.4
Ranked fourth	242	20.9
Ranked fifth	133	11.5
Total ticked/ranked	986	85.1
Not ticked or ranked	173	14.9
Total	1159	100.0

Table Q5c Better service or range of services: Care that looks at you as a whole person, your mental health just as much as your physical health

	Frequency	Percent
Ranked first (or just ticked)	178	15.4
Ranked second	165	14.2
Ranked third	227	19.6
Ranked fourth	172	14.8
Ranked fifth	200	17.3
Total ticked/ranked	942	81.3
Not ticked or ranked	217	18.7
Total	1159	100.0

Table Q5d Better service or range of services: Help people to access/contact the support that already exists locally, for example, befriending groups, exercise groups, clubs and societies, benefits and money advice

	Frequency	Percent
Ranked first (or just ticked)	50	4.3
Ranked second	48	4.1
Ranked third	121	10.4
Ranked fourth	122	10.5
Ranked fifth	249	21.5
Total ticked/ranked	590	50.9
Not ticked or ranked	569	49.1
Total	1159	100.0

Table Q5e Better service or range of services: Using new technology to share images and test results and contact specialists in hospital remotely, so that patients have better access to test results, and expert clinical opinion for follow up monitoring

	Frequency	Percent
Ranked first (or just ticked)	197	17.0
Ranked second	233	20.1
Ranked third	241	20.8
Ranked fourth	248	21.4
Ranked fifth	125	10.8
Total ticked/ranked	1044	90.1
Not ticked or ranked	115	9.9
Total	1159	100.0

Table Q5f Better service or range of services: Potentially bringing services to Edenbridge traditionally offered in larger hospitals such as intravenous medication

	Frequency	Percent
Ranked first (or just ticked)	165	14.2
Ranked second	203	17.5
Ranked third	196	16.9
Ranked fourth	174	15.0
Ranked fifth	266	23.0
Total ticked/ranked	1004	86.6
Not ticked or ranked	155	13.4
Total	1159	100.0

Table Q5all Priorities for a better service or range of services to improve healthcare (% ranked in top three)

As wide a range of services as possible in Edenbridge	71%
A team (multi disciplinary) approach to caring for people with long term or complicated health care needs	53%
Care that looks at you as a whole person, your mental health just as much as your physical health	49%
Help people to access/contact the support that already exists locally, for example, befriending groups, exercise groups, clubs and societies, benefits and money advice	19%
Using new technology to share images and test results and contact specialists in hospital remotely, so that patients have better access to test results, and expert clinical opinion for follow up or monitoring	58%
Potentially bringing services to Edenbridge traditionally offered in larger hospitals such as intravenous medication	49%
Other	3.8%

Table Q6a Additional services: Maternity services, ante-natal care and post-natal parenting support

	Frequency	Percent
Ranked first (or just ticked)	197	17.0
Ranked second	101	8.7
Ranked third	134	11.6
Ranked fourth	65	5.6
Ranked fifth	94	8.1
Total ticked/ranked	591	51.0
Not ticked or ranked	568	49.0
Total	1159	100.0

Table Q6b Additional services: Access to social services

	Frequency	Percent
Ranked first (or just ticked)	35	3.0
Ranked second	40	3.5
Ranked third	49	4.2
Ranked fourth	52	4.5
Ranked fifth	45	3.9
Total ticked/ranked	221	19.1
Not ticked or ranked	938	80.9
Total	1159	100.0

Table Q6c Additional services: Child development clinics

	Frequency	Percent
Ranked first (or just ticked)	54	4.7
Ranked second	84	7.2
Ranked third	67	5.8
Ranked fourth	70	6.0
Ranked fifth	44	3.8
Total ticked/ranked	319	27.5
Not ticked or ranked	840	72.5
Total	1159	100.0

Table Q6d Additional services: End of life care and respite care

	Frequency	Percent
Ranked first (or just ticked)	122	10.5
Ranked second	116	10.0
Ranked third	114	9.8
Ranked fourth	94	8.1
Ranked fifth	122	10.5
Total ticked/ranked	568	49.0
Not ticked or ranked	591	51.0
Total	1159	100.0

Table Q6e Additional services: Preventative health checks

	Frequency	Percent
Ranked first (or just ticked)	259	22.3
Ranked second	101	8.7
Ranked third	95	8.2
Ranked fourth	103	8.9
Ranked fifth	87	7.5
Total ticked/ranked	645	55.7
Not ticked or ranked	514	44.3
Total	1159	100.0

Table Q6f Additional services: Breast screening and ultrasound

	Frequency	Percent
Ranked first (or just ticked)	82	7.1
Ranked second	95	8.2
Ranked third	90	7.8
Ranked fourth	113	9.7
Ranked fifth	86	7.4
Total ticked/ranked	466	40.2
Not ticked or ranked	693	59.8
Total	1159	100.0

Table Q6g Additional services: Audiology/hearing aid services

	Frequency	Percent
Ranked first (or just ticked)	37	3.2
Ranked second	40	3.5
Ranked third	57	4.9
Ranked fourth	33	2.8
Ranked fifth	44	3.8
Total ticked/ranked	211	18.2
Not ticked or ranked	948	81.8
Total	1159	100.0

Table Q6h Additional services: Dietetics (run by dietician, a clinic for people for whom there are dietary or nutritional concerns)

	Frequency	Percent
Ranked first (or just ticked)	28	2.4
Ranked second	42	3.6
Ranked third	52	4.5
Ranked fourth	38	3.3
Ranked fifth	54	4.7
Total ticked/ranked	214	18.5
Not ticked or ranked	945	81.5
Total	1159	100.0

Table Q6i Additional services: Rheumatology (for the treatment of arthritis and other conditions of the muscles, joints and bones)

	Frequency	Percent
Ranked first (or just ticked)	52	4.5
Ranked second	69	6.0
Ranked third	78	6.7
Ranked fourth	79	6.8
Ranked fifth	76	6.6
Total ticked/ranked	354	30.5
Not ticked or ranked	805	69.5
Total	1159	100.0

Table Q6j Additional services: Oncology (for people with cancer)

	Frequency	Percent
Ranked first (or just ticked)	154	13.3
Ranked second	82	7.1
Ranked third	113	9.7
Ranked fourth	104	9.0
Ranked fifth	91	7.9
Total ticked/ranked	544	46.9
Not ticked or ranked	615	53.1
Total	1159	100.0

Table Q6k Additional services: Cardiology (deals with diseases and abnormalities of the heart)

	Frequency	Percent
Ranked first (or just ticked)	84	7.2
Ranked second	69	6.0
Ranked third	66	5.7
Ranked fourth	80	6.9
Ranked fifth	80	6.9
Total ticked/ranked	379	32.7
Not ticked or ranked	780	67.3
Total	1159	100.0

Table Q6l Additional services: Ophthalmology (medical and surgical eye problems)

	Frequency	Percent
Ranked first (or just ticked)	34	2.9
Ranked second	31	2.7
Ranked third	31	2.7
Ranked fourth	45	3.9
Ranked fifth	44	3.8
Total ticked/ranked	185	16.0
Not ticked or ranked	974	84.0
Total	1159	100.0

Table Q6m Additional services: MRI scanning

	Frequency	Percent
Ranked first (or just ticked)	82	7.1
Ranked second	59	5.1
Ranked third	103	8.9
Ranked fourth	59	5.1
Ranked fifth	104	9.0
Total ticked/ranked	407	35.1
Not ticked or ranked	752	64.9
Total	1159	100.0

Table Q6n Additional services: Increased hours for the Minor Injury Unit (MIU)

	Frequency	Percent
Ranked first (or just ticked)	202	17.4
Ranked second	97	8.4
Ranked third	60	5.2
Ranked fourth	130	11.2
Ranked fifth	108	9.3
Total ticked/ranked	597	51.5
Not ticked or ranked	562	48.5
Total	1159	100.0

Table Q6o Additional services: Increased hours for the x-ray facilities

	Frequency	Percent
Ranked first (or just ticked)	69	6.0
Ranked second	141	12.2
Ranked third	67	5.8
Ranked fourth	51	4.4
Ranked fifth	144	12.4
Total ticked/ranked	472	40.7
Not ticked or ranked	687	59.3
Total	1159	100.0

Table Q6all Additional services people would like to see in Edenbridge (% ranked in top three)

Maternity services, ante-natal care and post-natal parenting support	37%
Access to social services	11%
Child development clinics	18%
End of life care and respite care	30%
Preventative health checks	39%
Breast screening and ultrasound	23%
Audiology/hearing aid services	12%
Dietetics (run by dietician, a clinic for people for whom there are dietary or nutritional concerns)	11%
Rheumatology (for the treatment of arthritis and other conditions of the muscles, joints and bones)	17%
Oncology (for people with cancer)	30%
Cardiology (deals with diseases and abnormalities of the heart)	19%
Ophthalmology (medical and surgical eye problems)	8%
MRI scanning	21%
Increased hours for the Minor Injury Unit (MIU)	31%
Increased hours for the x-ray facilities	24%

Table Q7 Please tick the statement which best reflects your views:

	Frequency	Percent
Yes, I recognise that it is safer and more economical to provide larger 50 bedded units... but not possible in Edenbridge	267	23.0
Yes, it is a good idea to plan to combine services and expand the range of treatment & care including day beds and care	404	34.9
Yes, I think it's a good idea to expand the range without an overnight stay, if there are overnight beds somewhere close	327	28.2
I'm not sure about this or don't think I can answer this	46	4.0
No, I don't think it's a good idea to plan for a change... in the future if it means overnight stays won't be possible	63	5.4
No reply	52	4.5
Total	1159	100.0

Table Q9 Please indicate which age group you are:

	Frequency	Percent
16-24 years	33	2.8
25-34 years	101	8.7
35-44 years	205	17.7
45-54 years	158	13.6
55-64 years	209	18.0
65-74 years	250	21.6
75 years or more	141	12.2
Prefer not to answer	19	1.6
No reply	43	3.7
Total	1159	100.0

Table Q10 Are you...?

	Frequency	Percent
Male	407	35.1
Female	689	59.4
Prefer not to answer	15	1.3
No reply	48	4.1
Total	1159	100.0

Table Q11 Please indicate your ethnic group:

	Frequency	Percent
English / Welsh / Scottish / Northern Irish / British	1007	86.9
Irish	13	1.1
Gypsy or Irish Traveller	2	0.2
Any other white background	31	2.7
White and Black Caribbean	7	0.6
White and Black African	1	0.1
White and Asian	4	0.3
Any other Mixed / Multiple ethnic background	1	0.1
Indian	2	0.2
Chinese	3	0.3
Any other Asian background	3	0.3
Caribbean	2	0.2
Any other Black / African / Caribbean background	1	0.1
Other ethnic group	3	0.3
Prefer not to say	25	2.2
No reply	54	4.7
Total	1159	100.0